

Addiction, Health, Legislation

# New Bill Aims to Classify Substance Abuse as an Occupational Disease

— Laura Arman, 8.22.2024



Rick Barrett, a crane operator from Naugatuck, became addicted to opioids in the 1990s. The drugs were popular, easy to get, and took away the pain of workplace injuries.

“Back then there was a thing called ‘doctor shopping.’ ... We go to multiple doctors complaining of different pains and you would get multiple prescriptions because they didn’t have that database [of how many painkillers were already prescribed],” Barrett told CT Examiner.

Construction workers often face **hazards** like falls, object striking workers, electrocutions and incidents of workers getting crushed by equipment or collapsing structures. But they also face high rates of opiate addiction as they seek relief from on-the-job injuries.

At 18, Barrett was run over by a truck just six months into his construction job. He said he had parked a small pickup on a hill, but when it began rolling downhill, he attempted to stop it by grabbing the front bumper. Barrett fell face down, and the truck's front left tire rolled over the back of his knee and across his back.

Barrett started taking opioids to treat his back pain injury, but then he said he got a euphoric feeling that made him feel good and happy.

"It's basically a medical heroin," he said. "I kept going deeper and deeper down this slope."

State Sen. Saud Anwar, D-New Windsor, is proposing a bill that would name substance abuse as an occupational disease — a designation that would require employers to provide prevention, treatment and worker's compensation.

At a news conference on Tuesday, Anwar compared workers to athletes constantly doing repetitive movements that result in pain or injuries. They might try to get pain medication — starting with ibuprofen or acetaminophen — but those drugs have their own side effects, like bleeding ulcers, he said. The next option is opioids.

"When a person gets the opioids, they are able to get the pain better and they can continue the work," he said. "They take pain medicine to try to continue to do their shift and whatever work is in front of them. This is a vicious cycle, and then before you know it, they are dependent on these medications, highly addictive chemicals."

Eventually, Anwar said, addiction strips a worker's ability to work, and they lose their jobs. The shame, he said, prevents people from seeking out help.

"This results in their perception of a personal failure, there is a financial failure. Then we have to recognize that one of the biggest things that we have is that there is a stigma that is associated with this. And that stigma itself is a cancerous process. Not only for the individual, but also for our society," he said.

In Barrett's case, he was soon unable to get out of bed without taking opioids. He lost 100 pounds, was hospitalized three times for attempting suicide, and entered addiction treatment three times in the span of four months. After struggling on and off for decades, he's been in recovery for nearly two years, and is still working in construction.

In 2022, there were 1,069 **fatalities** in the construction industry, the highest of any industry tracked by the Bureau of Labor Statistics. The same year, 169,600 injuries and illnesses were

reported in the construction industry.

Kyle Zimmer, health and safety worker for the local chapter of the International Union of Operating Engineers, said opioid misuse and substance use disorders in construction work are four to five times **higher** than the national average.

"It's costing management a huge amount of money from lost time work, the insurance costs replacing somebody that is either disabled, or, God forbid, a fatal injury on the job site, which has happened," Zimmer said.

Each year, construction worker deaths **cost** around \$5 billion nationally, including health care, lost wages, impacts on family members and reduced productivity. The total costs of injuries at the work sites costs

\$170 billion annually. Zimmer said having insurers cover the cost of treatment and prevention would actually save businesses money in the long run.

“For every dollar spent on prevention and education, four [dollars] is coming back to the employer,” he said.

Zimmer said he was working with the Opioid Settlement Advisory Committee, the state body responsible for deciding how to spend the \$600 million Connecticut received from a national lawsuit against several major drug companies, to get naloxone to construction workers.

Construction isn't the only industry affected by prescription drug use. State Sen. Jan Hochadel, D-Meriden, said at the news conference that health care workers faced a similar challenge — between 10% and 15% of health care workers will deal with drug addiction during their careers.

**Research** published by the Journal of Nursing Regulation indicated 5.7% of nurses have consumed illicit drugs, and nearly 10% of nurses have misused a prescription drug. Nurses working specifically in home health or hospice care and nursing homes have the highest rates of substance abuse with 19% and 15.8%, respectively.

In 2018, the Connecticut Health Investigative Team **reported** that 82% of Connecticut nurses who received disciplinary action involve some form of substance abuse, addiction or dependency. Seventy-seven percent involve a nurse misusing drugs, and more than 64% of those drugs involve opioids.

Anwar's bill, if passed, would cover all substances, not just opioids. Zimmer noted that cocaine is the drug of choice at certain job locations, and alcohol remains the most abused substance in the country.

“It's all intertwined, and it all comes back even to mental health. If

somebody has experienced a mental health issue and is in crisis, a lot of times they turn to a drug or alcohol to self-medicate, so it's all intertwined. And it really should be looked at as one," he said.

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